PTO/SB/21 (08-03) Approved for use through 07/31/2006. OMB 0651-0031 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Status Letter

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Other Enclosure(s) (please

1. Request for Withdrawal as Attorney or Agent (in triplicate)-3

2. Return Receipt Postcard

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|--|--------------|----------------|---|---|--|
| TRANSMITTAL FORM | | | Application Number | 10/769.,051 | |
| | | | Filing Date | 1/30/2004 | |
| | | | First Named Inventor | Joshua D. Rabinowitz | |
| (to be used for all correspondence after initial filing) | | Art Unit | 1616 | | |
| | | | Examiner Name | | |
| Total Number of Pages in This Submiss | sion | 4 | Attorney Docket Number | 00042.04CON | |
| | | ENCLOS | URES (check all that apply |) | |
| Fee Transmittal Form | | Drawing(| (s) | After Allowance communication to Group | |
| Fee Attached | | Licensing | g-related Papers | Appeal Communication to Board of Appeals and Interferences | |
| Amendment / Reply | | Petition | | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | |
| After Final | | | o Convert a nal Application | Proprietary Information | |
| | |] Power of | Attorney, Revocation | | |

Change of Correspondence

Terminal Disclaimer

Request for Refund

Remarks

CD, Number of CD(s) _

Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts/ Incomplete Application

Response to Missing Parts

| unac | er 37 CFR 1.52 or 1.53 | | | | |
|--|-----------------------------|--|--|--|--|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | |
| Firm or Individual name | Elaine C. Stracker - 43,166 | | | | |
| Signature | Elani (Stroke | | | | |
| Date | DEC. 1 3 2004 | | | | |

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the Typed or printed name Elaine C. Stracker DEC. 1 3 2004 Signature Date

CERTIFICATE OF TRANSMISSION/MAILING

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Alexandria, VA 22313-1450.

TEADEN!

PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

| Application Number | 10/769,051 |
|------------------------|----------------------|
| Filing Date | 1/30/2004 |
| First Named Inventor | Joshua D. Rabinowitz |
| Art Unit | 1616 |
| Examiner Name | |
| Attorney Docket Number | 00042.04CON |

| To: Commissioner for P.O. Box 1450 Alexandria, VA 223 | | | | | | |
|--|---|-------------------------|--------------------------|----------------------------------|------------------------------|--|
| I hereby apply to withdraw as attorney or agent for the above identified patent application. | | | | | | |
| The reasons for this request are: | | | | | | |
| This request is being made for t Assignee is currently handling t | he reason that the Assignee no longer retains heir own patent prosecution. | the attori | ney of reco | rd as an emplo | yee. The | |
| | CORRESPONDENCE ADDRE | SS | | | | |
| 1. The corresponden | ce address is NOT affected by this with | ndrawal. | | | | |
| 2. X Change the corres | pondence address and direct all future | corresp | ondence | to: | | |
| Customer Number | | | | | | |
| Firm or Individual Name | IP Department (Alexza MDC) | | | . = | | |
| Address | 1001 East Meadow Circle | | | <u> </u> | | |
| Address | | | | | | |
| City | Palo Alto | State | CA | ZIP | 94303 | |
| Country | | | | | | |
| Telephone | | Fax | | | | |
| | • | ttached p | aper(s), oı | ,] | | |
| | plicate (including any attachments). | | | | | |
| Name Elaine C | . Stracker | | | | | |
| Signature | Registration No. 43,166 | | | | | |
| Date DEC. | 1 3 2004 | | | | | |
| NOTE: Withdrawal is effective approval of withdrawal and the withdraw is normally disapprov | when approved rather than when received e expiration date of a time period for responsed | d. Unless nse or pos | there are ssible exte | at least 30 da ension period, | ys between the request to | |

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REQUEST FOR WITHDRAWAL **AS ATTORNEY OR AGENT**

| Application Number | 10/769,051 |
|------------------------|----------------------|
| Filing Date | 1/30/2004 |
| First Named Inventor | Joshua D. Rabinowitz |
| Art Unit | 1616 |
| Examiner Name | |
| Attorney Docket Number | 00042.04CON |

| To: Commissioner for P.O. Box 1450 Alexandria, VA 223 | | | - | | | |
|--|--|-------------------------|--------------------------|----------------------------------|----------------|--|
| I hereby apply to withdraw as attorney or agent for the above identified patent application. | | | | | | |
| The reasons for this request are: | | | | | | |
| This request is being made for t Assignee is currently handling t | he reason that the Assignee no longer retain: heir own patent prosecution. | s the attori | ney of reco | ord as an empl | oyee. The | |
| | CORRESPONDENCE ADDRI | ESS | | | | |
| 1. The corresponden | ce address is NOT affected by this with | ndrawal. | | | | |
| 2. X Change the corres | pondence address and direct all future | corresp | ondence | to: | | |
| Customer Number OR | | | | | | |
| Firm or Individual Name | IP Department (Alexza MDC) | | | | | |
| Address 1001 East Meadow Circle | | | | | | |
| Address | _ | | | | | |
| City | Palo Alto | State | CA | ZIP | 94303 | |
| Country | | | | | | |
| Telephone | | Fax | | | | |
| This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number | | | | | | |
| This request is enclosed in tri | plicate (including any attachments). | | | | | |
| Name Elaine C | C. Stracker | | | | | |
| Signature | Registration No. 43,166 | | | | | |
| | 1 3 2004 | | | | <u> </u> | |
| NOTE: Withdrawal is effective approval of withdrawal and the withdraw is normally disappro- | when approved rather than when received expiration date of a time period for responded. | d. Unless nse or pos | there are ssible exte | at least 30 da ension period, | the request to | |

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REQUEST FOR WITHDRAWAL **AS ATTORNEY OR AGENT**

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|--|--|--|
| | Application Number | 10/769,051 |
| | Filing Date | 1/30/2004 |
| REQUEST FOR WITHDRAWAL | First Named Inventor | Joshua D. Rabinowitz |
| AS ATTORNEY OR AGENT | Art Unit | 1616 |
| | Examiner Name | |
| | Attorney Docket Number | 00042.04CON |

| To: Commissioner fo P.O. Box 1450 Alexandria, VA 2 | | | | <u> </u> | | |
|--|---|------------------------------|-------------------------|----------------------------------|------------------------------|--|
| I hereby apply to withdraw as attorney or agent for the above identified patent application. | | | | | | |
| The reasons for this re | quest are: | | | | | |
| | or the reason that the Assignee no longer ret ag their own patent prosecution. | ains the attor | ney of reco | ord as an emplo | yee. The | |
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| 1. The correspond | ence address is NOT affected by this | withdrawal. | | | | |
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| Customer Number OR | | | | | | |
| Firm <i>or</i> Individual Name | IP Department (Alexza MDC) | | | | | |
| Address | 1001 East Meadow Circle | | | | | |
| Address | | | | | | |
| City | Palo Alto | State | CA | ZIP | 94303 | |
| Country | | • | | | | |
| Telephone | | Fax | | | | |
| all the attorneys/age | on behalf of myself and agents of record, nts (with registration numbers) listed on the nts associated with Customer Number | ne attached p | aper(s), o | o <u>r</u> | | |
| | triplicate (including any attachments). | | | | | |
| | e C. Stracker | | | | | |
| Signature | Registration No. 43,166 | | | | | |
| Date DE | C. 1 3 2004 | | | | | |
| NOTE: Withdrawal is effect approval of withdrawal and withdraw is normally disapp | ive when approved rather than when rece the expiration date of a time period for res troved | ived. Unless sponse or po | there are ssible ext | at least 30 da ension period, | ys between the request to | |

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